

To the Public Health Committee of the CT General Assembly:

I urge you to vote “NO” on S.B. 1088 – An Act Concerning Services for Individuals with Intellectual Disability

Closing the Southbury Training School (STS), a 1500 person facility, and moving the remaining occupants to already overtaxed group homes, while more than 2000 are on the waiting list, seems counter intuitive. Is this a prudent use of public funds?

Has a cost study been done comparing STS vs. community placement for the care of profoundly retarded, elderly persons, many with multiple health issues?

How many of those on the waiting list could be accommodated at STS if it was reopened? What are the cost implications of utilizing the full capacity of STS vs building new community homes?

As a Connecticut taxpayer and the brother of a long term resident of the STS I encourage the legislature to retain this excellent facility and program. David Atwood, 61, has been at STS since 1960. He has Down Syndrome and the mental level of a one and a half year old. David is very active and consumes 4000 calories per day. He is thriving at STS where he lives in a ‘cottage like’ subgroup of 4 -6 men of similar mental level.

My sisters and I considered moving David to a group home. We visited four private group homes and four different day programs in Litchfield County. We found one with both an opening and a very dedicated director. Within a month the director left which was a reminder of the staff turnover issue with private sector facilities. We continued with the process to place David in this group home. The STS staff took him there several times, but his high noise and energy level must have been too disruptive. The private agency said they would not accept David.

On behalf of my brother David, I urge you to keep in mind all those whose needs are now being met so well at STS, and for whom a group home setting simply may not work. We have not found, and I doubt we ever will, any arrangement that comes close to the quality of life that David has had at Farm 1 and his current home in Cottage #18.

Staff turnover rates in group homes is higher, on-site availability of skilled nursing staff is less, and outside space that is so important for David is less. It is more efficient to provide specialized care and services to a large group of severely handicapped persons at STS than to the same individuals dispersed in small units throughout the state: one campus with 300 persons rather than 80 four person facilities. Moving the STS residents, average age 67, to community group homes will not improve the quality of care. A campus setting such as STS is a more cost effective way to deliver the services required for profoundly and severely retarded persons according to the 2003 CCS study and the 2009 CCS update.

Community group homes may be right for some people, but we know from experience they may not work for David. As a Connecticut taxpayer I encourage the Health Committee to vote no on S.B. 1088 and to introduce legislation to open the excellent facilities of STS for the admission of new residents.

Respectfully submitted, March 17, 2015

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